

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

PLAINTIFF <i>Donald C Moshien JR</i>	COURT CASE NUMBER <i>1:05-CV-180E</i>
DEFENDANT <i>U.S. Federal Bureau of Prisons</i>	TYPE OF PROCESS

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
 UNITED STATES ATTORNEY GENERAL  
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
*UNITED STATES Justice Dep. 10th AND INSTITUTION AVE N.W WASHINGTON DC 20530*

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

<i>Donald C Moshien JR 12924-052 USP Lewisburg PO Box 1000 Lewisburg PA 17837</i>	Number of process to be served with this Form 285 <i>1</i>
	Number of parties to be served in this case <i>5</i>
	Check for service on U.S.A. <i>✓</i>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney or Originator requesting service on behalf of: <i>Donald C Moshien JR</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE <i>2/13/06</i>
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No	No		

I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (omit if different than shown above)

Date *5/15/06* Time ☐ am ☐ pm

Signature of U.S. Marshal or Deputy

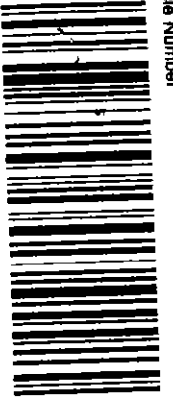
Service Fee	U.S. Marshal's Fee (Forwarding Fee)	Post Charges	Advance Deposits	Amount owed to U.S. Marshal (Amount of Refund)
<i>[Signature]</i>		<i>[Signature]</i>		

STAMPS *5-9-06 9842 8021 8922*

PRINT'S COPY

U.S. MARSHAL SERVICE  
U.S. DEPARTMENT OF JUSTICE  
WASHINGTON, D.C. 20535  
Page 1 of 2

2. Article Number



7160 3901 9842 8021 8922

3. Service Type CERTIFIED MAIL

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

1. Article Addressed to UNITED STATES ATTORNEY GENERAL

U.S. JUSTICE DEPARTMENT  
10TH & INSTITUTION AVE.,  
WASHINGTON, D.C. 20530

5-1808,0/3/C,5/9/06,SRH

PS Form 3811, January 2003

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received By (Please Print Clearly)

B. Date of Delivery

C. Signature

MAY 15 2006

Agent Addressee

D. Is delivery address different from item 1? If YES, enter delivery address below:

☐ Yes ☐ No

PITTSBURGH PA.

RECEIVED  
U.S. MARSHAL  
MAY 15 2006